

**Supplementary 3.** Risk factors [predictors] of the selected prognostic models

**Table 16.** Risk factors of the prognostic models of OS

Variable	Kidd et al. [7]	Rose et al. [8]
<b>FIGO stage</b>	-	IB; IIA; IIB; IIIA; IIIB; IVA
<b>Status of the para-aortic lymph node</b>	-	Pathology; Radiology
<b>Pelvic ganglion</b>	-	Negative; Positive; Unknown
<b>Major lymph nodes by PET</b>	Negative; Pelvic; Para-aortic; Supraclavicular	-
<b>Treatment</b>		RT+cisplatin; RT+other
<b>Tumor size</b>	Continuous (cm) PET	Continuous (cm)
<b>Histological type</b>	-	Squamous carcinoma; Adenocarcinoma or Adenosquamous
<b>Race</b>	-	Asian; Hispanic; White; Black; Others
<b>ECOG</b>	-	0; 1; 2/3
<b>Differentiation grade</b>	-	Ne; Good; Moderate; Poor
<b>Cervical Tumor SUVmax</b>	Continuous	-

ECOG, Eastern Cooperative Oncology Group; FIGO, International Federation of Gynecology and Obstetrics; OS, overall survival; PET, positron emission tomography; RT, radiotherapy; SUVmax, standardized uptake value.

**Table 17.** Risk factors of models predicting CSS

Variables	Li et al. [1]	Shim et al. [2]	Tseng et al. [4]	Polterauer et al. [6]	Kidd et al. [7]
<b>Tumor size</b>	-	≤4; 4–5; >5	≤4; 4–6; >6	<2; ≥2	Continuous (cm) PET
<b>Status of the para-aortic node</b>	-	Negative; Positive (MRI)	-	-	-
<b>Lymph node metastasis</b>	-	-	Negative; Pelvic; Para-aortic	-	-
<b>Major lymph nodes by PET</b>	-	-	-	-	Negative; Pelvic; Para-ortic; Supraclavicular
<b>Negative vs. positive lymph nodes ratio</b>	-	-	-	Continuous	-
<b>Lymph node volume (cm<sup>3</sup>)</b>	≥3; <3	-	-	-	-
<b>Lymph node diameter (cm)</b>	≥1,5; <1,5	-	-	-	-
<b>Lymph node adenopathy</b>	Negative; Positive	-	-	-	-
<b>Parametrium invasion</b>	-	-	Yes; No	Yes; No	-
<b>FIGO stage</b>	II; III–IVA	-	-	IA; IB; II; III; IV	-
<b>Bladder/recto invasion</b>	-	-	Yes; No	-	-
<b>Histological type</b>	-	Squamous carcinoma; Others	-	-	-
<b>Age</b>	-	-	Continuous	Continuous	-
<b>SCC-Ag</b>	-	-	≤1.5; 1.6–5; 5.1–15; >15.1	-	-
<b>Hydronephrosis</b>	-	-	Yes; No	-	-
<b>Cervical tumor SUVmax</b>	-	-	-	-	Continuous

FIGO, International Federation of Gynecology and Obstetrics; MRI, magnetic resonance imaging; PET, positron emission tomography; SCC-Ag, squamous cell carcinoma antigen; SUVmax, standardized uptake value.

**Table 18.** Risk factors of models predicting DFS

<b>Variables</b>	<b>Liang et al. [5]</b>	<b>Kidd et al. [7]</b>	<b>Rose et al. [8]</b>
<b>FIGO stage</b>	IB–IIB; III–IVA	-	IB; IIA; IIB; IIIA; IIIB; IVA
<b>Status of the pelvic node</b>	Negative; Positive	-	Negative; Positive
<b>Major lymph nodes by PET</b>	-	Negative; Pelvic; Para-aortic; Supraclavicular	-
<b>Tumor size</b>	-	Continuous (cm) PET	Continuous
<b>Histological type</b>	-	-	Squamous carcinoma; Adenocarcinoma or Adenosquamous
<b>Differentiation grade</b>	-	-	Ne; Good; Moderate; Poor
<b>Race</b>	-	-	Asian; Hispanic; White; Black; Others
<b>ECOG</b>	-	-	0; 1; 2/3
<b>Treatment</b>	-	-	RT+cisplatin; RT+other
<b>Cervical tumor SUVmax</b>	-	Continuous	-

DFS, disease-free survival; ECOG, Eastern Cooperative Oncology Group; FIGO, International Federation of Gynecology and Obstetrics; PET, positron emission tomography; RT, radiotherapy; SUVmax, standardized uptake value.

**Table 19.** Risk factors of the models predicting distant recurrence-free survival (para-aortic and local)

Variables	Li et al. [1]	Kang et al. [3]	Liang et al. [5]
SCC-Ag	-	Continuous	-
Status of the pelvic node	-	Negative; Positive (PET)	Negative; Positive
Status of the para-aortic node	-	Negative; Positive (PET)	-
Lymph node volume (cm <sup>3</sup> )	≥3; <3	-	-
Lymph node diameter (cm)	≥1,5; <1,5	-	-
Lymph node adenopathy	Negative; Positive	-	-
Histological type	-	Squamous carcinoma; Adenocarcinoma or Adenosquamous	-
FIGO stage	-	-	IB–IIB; III–IVA

FIGO, International Federation of Gynecology and Obstetrics; PET, positron emission tomography; SCC-Ag, squamous cell carcinoma antigen.